

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: NORTH RIDGE (0010600)

Address: 2201 EAGLE SUMMIT, STEVENS POINT, WI 54481

License Status: REGULAR

Licensed/Certified/Registered 12/01/2004

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096067 **End Date:** 11/15/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009487 Served 12/22/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION		
83.11(3)(a)	RESPONSIBILITIES		
83.13(1)	PERSONNEL-JOB DESCRIPTIONS		
83.33(3)(e)1	ASSISTANCE OR ADMINISTRATION BY STAFF		
83.33(3)(e)2.b	INJECTIONS		
83.33(3)(i)1	RECORDS		
83.35(3)(b)	MENU DATED AND KEPT ON FILE		

Survey ID: 0093874 **End Date:** 12/21/2004 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092674 **End Date:** 05/25/2004 **Type:** INITIAL **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 12/20/2005 **SOD #**10009487 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.11(3)(a)

FORFEITURE---83.33(3)(e)2.b

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Complaint History

Date Complaint Received: 10/13/2005

Date Investigation Completed: 11/01/2005

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
ADMINISTRATION	SUBSTANTIATED	10009487
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	10009487

Date Complaint Received: 10/01/2004

Date Investigation Completed: 12/21/2004

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
ABUSE	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	

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